

*C. Lawrence*

# EXTRACT

FROM THE

NINTH ANNUAL REPORT OF THE STATE BOARD OF CHARITIES  
OF THE STATE OF NEW YORK,

RELATING TO

## HOSPITALS FOR THE SICK AND INSANE.

BY

M. B. ANDERSON,  
COMMISSIONER SEVENTH JUDICIAL DISTRICT.

J. C. DEVEREUX,  
COMMISSIONER FIFTH JUDICIAL DISTRICT.

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TO WHICH IS APPENDED A

REPORT RELATING TO THE MANAGEMENT

OF

## THE INSANE IN GREAT BRITAIN.

BY

H. B. WILBUR, M. D.

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TRANSMITTED TO THE LEGISLATURE JANUARY 14, 1876.

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ALBANY:  
WEED, PARSONS AND COMPANY, PRINTERS.  
1876.



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With the Compliments of

DR. H. B. WILBUR,

*Supt, N. Y. St. Asylum for Idiots.*



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# STATE OF NEW YORK.

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OF THE

## STATE BOARD OF CHARITIES,

1876.

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OFFICE OF THE BOARD, 11 HIGH STREET, ALBANY.

# REPORT.

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*To the State Board of Charities :*

The committee to which was referred the consideration of hospitals for the sick and insane have found that the subject is so much dependent for its elucidation upon the observations and study of experts that they have thought it best to seek aid from the experience of professional men, and to confine themselves to such general aspects of that experience as lie open to common thought and study. The construction of hospitals and the policy which should govern the state in its appropriations to that purpose are complicated with the whole subject of the remedial agencies most likely to benefit the suffering persons thrown upon the state for care. The question of hospital building is, and ought to be, subordinated to the alleviation and care of disease. No policy of construction can be a sound one which loses sight of the great purpose for which all hospitals are designed. Looking at the subject from this point of view, it has been urged upon legislative bodies that economy in expenditure which lost sight of this great end was not only unwise, but inhuman. In consequence, the state has acted on the policy that the buildings which for the benevolent end in view, are the best, are, on the whole, however expensive they may be, the cheapest. For this reason buildings of great solidity and with elaborate fixtures have been erected, at a heavy expense, in various parts of the state. How far these motives have been enforced by the agency and influence of commissioners desirous of elegant structures for the gratification of local pride, it is not our purpose to inquire. As the motive for these expensive structures has, in general, been a praiseworthy one, however unintelligently it may in some cases have been exercised, so all sound reform in the direction of economy should be controlled by the same impulse and directed to the same ends.

Within the last twenty years a change of opinion has been wrought among physicians and surgeons regarding the adaptation of solid structures, intended to last for ages, to hospital purposes. Hospitals for fevers and surgical operations, after long use, have been proved dan-



gerous to their occupants, and the opinion has become almost universal among physicians that hospitals of this class should be of cheap and comparatively slight construction, so that after a few years use and becoming imbued with the emanations from diseased persons, and consequently injurious to patients, they may, without serious loss of property, be destroyed and replaced by new structures.

It is affirmed that no cleansing process, however thorough, will remove the dangerous deposit in the walls of a hospital long used for fever patients, or surgical cases. It has been found by army surgeons that field hospitals are more favorable to the patient, than those hospitals of solid structure that have been long occupied. Hence, the tendency of opinion among medical men is to favor the erection of buildings which will secure as far as possible, 1st. The advantages of ventilation which field hospitals afford, and 2d. Buildings so inexpensive that when they become dangerous by the accumulation of morbid matter, they can be destroyed and replaced by new structures of a similar class. There is an incidental advantage in these slight structures, in the frequent reconstructions which they render practicable and in the opportunity thus afforded to introduce all improvements which experience and study may develop. The question arises, how far do the facts which lead scientific physicians to adopt a slighter and cheaper construction for hospitals designed for the ordinary forms of disease, affect those erected for the insane? It will be seen, at once, that this depends upon the relation of the hospital building, to the methods of treatment in cases of insanity which experience and scientific inquiry have proved to be most successful. The end of an insane asylum is to aid in curing acute cases, and to make safe and comfortable those in whom the disease has become chronic. The character of buildings used, should, within certain limits, be subordinated to these practical ends. Heavy expense is justified when it can be shown to be conducive to the relief of the greatest amount of misery, and the restoring of the greatest number of persons to usefulness and productive labor. No outlay which does not directly or indirectly conduce to these ends, can be justified. The cost, per head, for dwelling-places for the insane, is much larger than for the average of healthy persons. The increase of insanity, whether it be in a ratio greater or less than that of the healthy population, is so rapid, and the numbers thrown upon the state for support, impose on the legislator the duty of examining with care the problems involved in provision for the insane, lest the cost become so great that the public will, in the end, seek relief from the burthen by leaving the yearly increase inadequately cared for. It will be seen, then, that the question of housing the insane is closely complicated with that of the best mode of treating the disease.



It would seem natural to refer this subject at once to the judgment of those medical men who have made insanity a specialty. This has been the method pursued in our state. Extreme deference has been given to their opinions and very large sums have been appropriated to the erection of hospitals supposed to represent the highest demands of science for the care of the insane. The state has been exceptionally generous to this unfortunate class and has extended an almost unquestioning confidence to the able and benevolent gentlemen who have devoted themselves to their care. But the cost of housing patients has reached such a sum that the attention of the tax payers has been arrested by it and legislators are responding in such a way that we are in danger of a reaction so serious as to put in peril the well-being of this rapidly growing portion of our dependent population. In connection with this reaction and in some points re-enforcing it, there has arisen a doubt in the minds of some able and scientific "alienists" whether the money expended in buildings has been wisely used and whether the cost of supporting the insane poor especially, may not be reduced in a way that will benefit the class by increasing their chances of recovery and add to their comfort if found incurable. This change in the theory of the treatment of the insane rests, so far as we understand it, on certain principles which are worthy of very careful attention. They are not advocated on the grounds of economy at all, but as on the whole best in their general promise of good in their actual results.

These principles are not new nor are they drawn from theoretical considerations. They have been adopted in a greater or less degree by all superintendents and their general soundness has been almost universally admitted. What is new consists in the more wide and thorough application of them in the whole system of provision for the care and comfort of the insane. These applications affect the following particulars: (1.) Giving to the insane greater freedom from restraint, thus relieving them from the unpleasant consciousness of being prisoners in the power of others. (2.) By providing for the patients various kinds of useful labor adapted to their tastes, strength and capacity, in order to relieve their morbid states of mind, by drawing their attention away from themselves and fixing it upon the labor in which they engage and at the same time giving tone and vigor to the body and control over their actions and mental processes and thus aiding to restore the nerves and brain to their normal condition. (3.) To enable the patients to pass the day in the open air or in shops well ventilated, freeing them from the oppressive monotony of confinement within the walls of the building, with only partial opportunities for exercise. (4.) The possibility of incidentally ren-

dering the buildings for the shelter of the patients less costly and reducing by the earnings of labor the outlay for current expenses.

It is well known that the principles here alluded to, have been applied in Great Britain and Ireland somewhat more extensively than in the United States, and differences of opinion exist regarding the results reached. In America it is possible that there has been undue anxiety to escape all those risks which are connected with giving insane patients liberty of action and implements for labor. This care to prevent patients from injuring themselves may have led to too great uniformity of treatment, and to applying restraints and seclusion to patients who could be trusted to perform farm or mechanical labor with entire safety and with great benefit to themselves. The following note from the *Boston Medical and Surgical Journal* of February 24, signed C. F. F., thus tersely puts the point of difference between English and American modes of treatment: "We try to be *too safe*. We sacrifice cures and the comfort of our patients to our fear of accidents. It is so easy to trust to a camisole or bed-straps, or bars or bolts, that we do not take time to make accurate and careful diagnoses, and to discriminate as fully as we ought between patients who can be trusted and those who cannot." The extent to which labor and freedom from restraint are practicable, cannot be ascertained by any theoretical considerations. The practical experience of skillful and observant physicians is the only guide to sound results. Governor Tilden requested Dr. Wilbur, of Syracuse, who was about to make a journey to Europe for the study of the treatment of idiocy and insanity, to make a careful record of his observations on these points that it might be given to the public in connection with our report. Dr. Wilbur's report is herewith submitted. It will be found especially valuable for the reason that it gives so careful an analysis of the whole processes of the treatment of the insane in a large number of the best institutions in Great Britain and Ireland. It throws incidental light also upon the question whether it be the duty of this state to provide buildings sufficient in capacity to accommodate the whole, or nearly the whole body of our insane population. The number of private asylums in Great Britain and Ireland seems to be very much larger in proportion to the insane population, than in the United States. These private asylums relieve the state of the expense of erecting buildings for insane persons belonging to the wealthy classes. Private asylums in Great Britain are placed as completely under the supervision of the commissioners of lunacy, as are those belonging to the public authorities. They have over them the same right of inspection, and the same control of management.



In this way all dangers to personal liberty, sometimes apprehended from such asylums, are effectually met, and the prejudice against them formerly existing appears to have entirely subsided. Assuming private asylums to be under the supervision of the public authorities it is difficult to conceive any reason why the State should provide asylums for the wealthy who are suffering from insanity rather than for wealthy persons afflicted by fevers or consumption or bodily injuries requiring surgical treatment. It is an obvious principle of public policy that the State should not undertake to do for individuals what can be better, or equally well done by private enterprise. It is certainly improper to provide for the wants or personal misfortunes of the rich by taxation. The small number of private asylums in our country as compared with Great Britain and Ireland, suggests a question worthy of serious attention. Has the policy of the State been such as to discourage private enterprise, and to impose upon the public a large part of the burden of caring for the custody and treatment of the wealthy? An increase of private asylums would tend to relieve the State asylums now overcrowded, and diminish the necessity for the erection of new structures at public expense. When such asylums are placed by law under the same supervision with the State asylums, they can be liable to no especial dangers or abuses. Dr. Wilbur's report will be found valuable from its giving a detailed account of the duties and processes of supervision imposed upon the British Commissioners of Lunacy. It suggests the propriety of increasing the powers and defining more minutely the duties of those charged with the supervision of insane asylums. There is clearly something for us to learn from British practice and legislation in these respects. Whatever may be the opinions of the superintendents of insane asylums concerning the British practice, the examinations and discussions by the medical profession and by the public at large of the facts contained in this report cannot fail to be useful. So far as provision has been made for the employment of the insane at the Willard asylum, and to some extent in others, we believe that English and American experience will coincide. The question to be answered is: What is the reason that English superintendents are able to employ in useful labor something like three times as many of their patients as do those in our own country? Various reasons for this state of things have been given in reports of asylums, and the reported discussions of the meetings of associations of superintendents, or in journals devoted to the subject of insanity. But the great difference in reference to employment between foreign hospital administration, and our own seems to require an investigation of this subject. The interests of the State, and the interests of the unfortunate insane seem alike to demand it, and no person can have a deeper or more intelligent interest in reaching the

best possible results than those who are “alienists” by profession. We bespeak for the carefully collected and well-digested facts of Dr. Wilbur’s report the attention which they so justly deserve.

All of which is respectfully submitted.

M. B. ANDERSON,

*Commissioner Seventh Judicial District.*

J. C. DEVEREUX,

*Commissioner Fifth Judicial District.*

Dated *January* 12, 1876.



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MANAGEMENT OF THE INSANE

IN

GREAT BRITAIN,

BY

H. B. WILBUR, M. D.

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# REPORT.

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*To the State Board of Charities :*

During the last summer I made a brief professional visit to Great Britain, for the purpose of inspecting some of the asylums for idiots and the insane, in that country. Through the kindness of friends, I was accredited, by letters from the Governor of the State of New York and from members of the Board of State Charities, which gave me opportunities of observation that I might not otherwise have had.

These letters were accompanied by the request that I would report the results of my observations, on my return.

Having, myself, had the charge of a State institution for nearly 25 years, and having, in a former visit to Europe, seen something of the management of foreign institutions, I was not unfamiliar with the subject. Historically, the asylums for the insane deserve the first attention. I may premise this report with a few general remarks upon the subject of insanity. And, first, insanity is practically not a very curable disease. A contrary opinion is, however, often expressed in the reports of insane asylums. The hope of cure depends mainly upon prompt treatment. To induce the friends of patients to send them promptly to asylums where they may receive appropriate treatment, the statement is made that in a large majority of the cases sent to an asylum in the early stages of the disease (say within three or six months after its access), recovery may be assured. The proportion of recoveries in recent cases is variously estimated from 73 per cent to 90 per cent.

From some recent examination of the tables upon which these estimates are based, the correctness of these estimates may be fairly questioned. But there is an obvious fallacy in the statements of the specialists upon this point, which deserves a brief consideration.

The access of insanity is in two forms. The one is by a sudden outbreak, or by such unmistakable symptoms that suggest, if not demand, an early or immediate recourse to asylum treatment.

Following the law of disease, generally, this kind of insanity is a curable malady; perhaps to the extent of 50 per cent. But there is another mode of access of this disease, unfortunately too common, if not constituting the majority of cases, that is of an entirely different

character. This in its inception and in its progress is by insidious steps. It is a growth from small beginnings in physical or mental states, that are but exaggerations or slight perversions of normal functions and natural trains of thought and feeling.

The individual is, himself, unconscious; the friends fail to note the onset and the development of the malady, and it ripens into a positive and chronic form of insanity. The early and prompt treatment of such cases is rarely possible. This form of insanity is an intractable one, and will always be so.

Advance in medical science may help the matter a little, by enabling physicians to recognize the early stages of the disease. But not much hope of improvement can be based even upon this, for the reason, that the medical man, in the nature of the case, will not ordinarily be consulted till too late for efficient service.

Practically, judging from the statistics, given in the annual reports of asylums for the insane in the United States, less than 40 per cent of the admissions are found curable. Of this 40 per cent nearly 25 per cent have a return of the malady. Insanity, then, is a cumulative disease. In other cases of sickness the patient recovers or dies.

Of the 6,775 insane persons registered in the State of New York on the 31st of December, 1871, it could be shown, by a comparison of the different tables of statistics published by the Board of State Charities, that 90 per cent were hopelessly insane. The number taken insane during 1871 was 1,670; the number of recoveries, 761; of deaths, 503, this left an increase in the number of insane, at the end of the year, of 407, or over six per cent.

Of the number above stated, 6,775, about 60 per cent were a public charge.

Some provision, then, has to be made not only for the cure of constantly occurring cases of insanity, but for the care and custody of such of the number as prove to be hopelessly affected by the disease.

But enough has been said to show that the question as to the best management of the insane is one of very general interest to any community. What can be done to secure the prompt treatment of persons becoming insane? How shall our asylums be managed to insure the greatest number of recoveries in the case of persons thus afflicted? What can be done to ameliorate their condition, while under treatment and on the road to recovery, as well as when hopelessly insane? How may all this be accomplished with the greatest economy? And, finally, how can the personal liberty of the individual be insured against false imprisonment, on the plea of insanity?

How these questions are practically answered in Great Britain, it is the purpose of this paper to show.

Prompt treatment is a vital point in the case of the insane everywhere. It will depend mainly upon two or three circumstances.



First, easy access to institutions. With the small territory and dense population of Great Britain this is everywhere the fact. But the same carries with it an evil; and that, the supposed necessity for large asylums. The high price of land in many instances increases the supposed necessity. Even then it is ordinarily justified only by its assumed necessity. Most experts as well as the members of the Lunacy Boards express a preference for small asylums when practicable. In England, the so-called hospitals for the insane and the "licensed houses" are, with two or three exceptions, built to accommodate less than 250 patients each.

In Scotland most of the asylums are small.

Another circumstance, upon which prompt treatment may depend, is a growing prejudice *in favor* of asylum life and treatment.

In Great Britain, as everywhere else, there has been a strong prejudice against asylums for the insane. This has gradually given way to a different feeling. Among the influences that have contributed to this change may be mentioned, first, a thorough and intelligent governmental inspection; next, very liberal regulations as to the admission of visitors, related to patients and others; and, lastly, to the fact that the superintendents of such asylums are seen to be very ready to advise the removal of patients as soon as it can be done with safety.

Again, in the case of the wealthy and well-to-do classes, there are private institutions that are midway in character between a sanitarium and an asylum, to which a patient can be sent or go without seeming to have passed the line between sanity and insanity; to such, resort will be had when there would be a reluctance to entering an asylum.

The other questions may be answered in connection with a simple narration of the facts that fell under my observation while visiting the various British asylums.

I landed in Scotland, visiting there six leading and typical asylums; thence passing to England I visited, in succession, ten of the most characteristic insane asylums in that country. Crossing the channel, I visited a lunatic asylum at The Hague, and then the well-known colony of the insane at Gheel, in Belgium. Afterward, I went to Ireland, where I visited four asylums. Then returning to Scotland I finished up, by revisiting two or three of its asylums.

The institutions thus visited contained in the aggregate about 15,000 patients. I was received with great courtesy by the officers of the different asylums, and was furnished with all the information I desired as to their management. Every part of their establishments was freely thrown open for my inspection. As I customarily visited them without previous notice, I had the advantage of seeing these asylums in their every-day working order. With two exceptions, I inspected all the refractory wards, both male and female, of all the

asylums visited. I saw all the means of seclusion or restraint; I visited the various work-shops, the laundries and the kitchens, as also the grounds, where the patients were engaged in out-door occupations.

I also had the opportunity of conversing with members of both the Lunacy Boards of England and Scotland, who kindly advised me as to the institutions that were representative of the most advanced methods of management and treatment. I was also furnished with copies of their annual reports, as well as those of the Irish Board of Lunacy, through the politeness of the secretary of the last-named board.

I had frequent occasion to congratulate myself upon my good fortune in accomplishing the task I had assigned myself, in my tour of special observation.

To one familiar with American asylums or hospitals for the insane, there are some features in the management of British asylums that especially impress him; the great degree of employment or occupation furnished the patients; the absence of excitement among the patients, and the seldom recourse had to seclusion or any form of mechanical restraints; the large percentage of patients who occupied associated dormitories; the practice of assembling the patients in large dining halls for their meals; the employment of females, in many instances, in the care of male wards and as nurses in convalescent wards; the economy of management, seen both in the construction and current expense accounts; the fullness and minuteness of the daily and periodical reports and records of the several officers, and, finally, the thoroughness and efficiency of the governmental inspection through the Boards of Lunacy of the three kingdoms.

The two points first named, *i. e.*, the general employment of the patients and the absence of excitement, seem to be related as cause and effect, and were always so spoken of both by the superintendents of the institutions and the members of the Boards of Lunacy.

The economy of management and the completeness of the registers is, very evidently, in some measure, due to the supervision of the Boards of Lunacy above mentioned.

Though the actual powers of reform vested in the hands of these boards are limited, nevertheless their approval is an incentive to good management, obviously felt by the officials of every institution under their control.

In a table in the appendix to this report I have given some statistics as to the employment of patients in the several asylums visited, as also others. These tables are made up from the records of the different institutions. Each day the number of the patients employed and the nature of the employment is carefully registered.

Nor is the occupation confined to farming and gardening work and household offices, but there is actual trade-work. Mechanics are very



frequently employed as attendants, who, in addition to their special duties as such, have charge of the various shops.

At the West-Riding Asylum, where my opportunities of observation, through the kindness of Dr. J. Crichton Browne and his assistants, were very ample, the amount of trade-work done by the patients was quite remarkable.

Before speaking of this in detail, it may be mentioned that no asylum in England has a better reputation for the professional attainments and skill of its medical officers, and for the pathological and physiological results attained by the thorough scientific investigations of its earnest medical staff, permanent and honorary.

Take the record of a single day — one of the days of my visit — and notice the variety of occupation.

## WEST-RIDING LUNATIC ASYLUM.

### MALE DEPARTMENT, JULY 26, 1875.

Number of patients employed in out-door occupation.....	181
Number of patients employed in brew-house.....	9
Number of patients employed in engine and gas-house.....	7
Number of patients employed in blacksmith shop.....	4
Number of patients employed in plumbing.....	2
Number of patients employed as joiners.....	9
Number of patients employed in shoemaking.....	15
Number of patients employed in tailoring.....	24
Number of patients employed in weaving.....	25
Number of patients employed in upholstering.....	6
Number of patients employed in knitting.....	19
Number of patients employed in tin-smithing.....	2
Number of patients employed in painting and papering.....	5
Number of patients employed in book-binding.....	3
Number of patients employed in stone-masonry.....	3
Number of patients employed in mining.....	3
Number of patients employed in white-washing.....	4
Number of patients employed in picking hair or other occupations.....	49
Number of patients employed in kitchen and wash-house.....	20
Number of patients employed in assisting in wards.....	142
Total employed.....	<u>532</u>



## PATIENTS UNEMPLOYED.

Sick or too feeble .....	18
Aged and infirm.....	45
Too low-spirited .....	31
Too much excited.....	47
Too little mind .....	25
Able but unwilling.....	10
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Total unemployed.....	176
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Total number of males .....	708
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## FEMALE DEPARTMENT.

Employed in laundry and wash-house .....	65
Employed in passages and kitchen .....	67
Employed in sewing.....	223
Employed in knitting .....	40
Employed in cutting-out room .....	8
Employed in cleaning wards.....	82
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Total employed ....	485
Total unemployed.....	214
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Total number of females.....	699
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Percentage of patients employed .....	72
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My inquiries elicited some additional facts in regard to the labor. There was but one paid employee in connection with each kind of mechanic work, except in the tailor's shop where there were two.

All the clothing of the men is made in this shop. In the shoe-shop but one paid attendant, though they turn out 60 pairs of shoes a week besides the mending. In fact, in 1874, they sold from this shop, besides the shoes furnished the patients, 1,100 pairs.

It may be supposed, perhaps, that these patients, thus at work as mechanics, came with a trade knowledge, but this was only partially true. Thus of the 25 in the tailor's shop, 13 had learned the trade at the asylum.

Of the 15 shoemakers, 7 knew nothing of the trade before admission. The same was true of patients employed in the other shops.

From the last annual report of this institution, I found that the occupation of the persons, when admitted, did not differ, materially, from those usually received into our State asylums.

From the same source I learned the physical condition of the patients admitted the preceding year:

In good bodily health and condition.....	3
In fair bodily health and condition.....	11
In feeble, very feeble and exhausted condition .....	476
Total admissions.....	<u>490</u>

Looking at the aggregate of the patients, in this and the other British asylums, it must be confessed that they are a better looking set, physically, than the patients in some American asylums. When I made a remark, to this effect, to one of the officers where I was visiting, he replied, "this is doubtless, in the main, the result of their being much more in the open air and also of their general occupation." The exercise and the out-door life are there used as an important means in restoring bodily functions; in fact, the medical officers do not wait till the patients are in good bodily condition before putting them to work, but set them to work as one means of securing a healthful physical condition.

Dr. Cleaton, Superintendent of the Rainhill Asylum, near Liverpool, in one of his reports, ten years ago, made use of this language: "I am fully persuaded that, next to the disuse of mechanical restraints, the most important of recent improvements, in the treatment of the insane, is the extent to which occupation is adopted as an auxiliary to the pharmaceutical remedies."

It is very evident that there are economical advantages in such general employment of patients, in the manner thus described. While the number of attendants is perhaps not less, in proportion to number of inmates, than in our asylums, yet, the number of other paid employees is very much less; so that their wages account and their general current expense account seems very small, even after making proper allowance for the difference in the price of labor in the two countries. However, the economical aspect is the least of the considerations involved in this matter; the important result is, that occupation, bodily and mental, diminishes the excitement of the patients, produces quiet and contentment, and this obviates the necessity of seclusion and mechanical restraints.

I raised this question, of the relation of occupation and absence of excitement, at almost every institution visited and with nearly every medical officer with whom I conversed, and I heard but one opinion expressed on the subject.

To one familiar with the reports of the British Boards of Lunacy, it is quite obvious that one of the leading tests of good management of an asylum, in the minds of the members of these boards, is the per-



centage of employment of the patients and its outcome in diminished occasion for seclusion and restraint. As is well known, a difference of opinion exists, between the alienists of Great Britain and the United States, in regard to the use of mechanical restraints. The former, as a rule, advocate the general disuse of such means on account of the liability to abuse; in fact, one often hears the practice spoken of as a relic of barbarism; the latter advocate the same method as both indispensable and humane.

In visiting the British asylums one can see a partial reason for the views held there, in the fact that, owing to the degree of employment of patients, the occasions for the use of restraining apparatus are far less numerous than on this side of the water. Perhaps, if the superintendents of American asylums for the insane would but make a trial of the British mode of obviating the necessity for the use of restraining apparatus, they might modify their practice as to the frequency of its application.

At an early day, in the history of American asylums, some of their superintendents cherished similar opinions of the value of labor as a means of recovery and to abate excitement in the patients. In our own State, Dr. Brigham not only advocated labor as an important auxiliary in the management and treatment of the insane; but he started shops of various kinds and was constantly increasing the range of employments till his death. But his views upon the subject have gradually given place to others, and the work-shops he established have been, in the main, abandoned. It is now affirmed in one of the reports of the Utica Asylum, by its superintendent, "that he is well satisfied, from long and careful observation, that from 22 to 25 per cent. would be the highest estimate of six-hours workers who could be depended upon;" "in the women's department the average would probably be greater." In connection with this statement a table is given showing the percentage of labor to the whole population of the men's department for five years. This table shows that the actual percentage of male labor, for the five years, was less than 18 per cent.

Some 12 years since, Dr. Jarvis, of Massachusetts, one of the most experienced statisticians upon the subject of insanity, returned from a visit to Great Britain and made a report upon this very subject. He gave tables showing that in 15 English asylums the percentage of labor was on the average for males over 67, and of females over 69. I give the closing paragraph of his paper: "This is the result of the experiment in Great Britain, begun more than 20 years ago and continued with increasing extent and confidence ever since. How far it can be adopted in the insane hospitals in the United States, is a matter for the serious consideration of those who have their management in their hands, but, certainly, it is a matter of intense interest, both to those



who would administer this great system of charity and science with the greatest ease and effect, and to those who should enjoy every facility of restoration, if they are curable, and every means of diminishing their morbid excitability and distress, and of lessening the burden of their disease, if they cannot be restored."

His paper was discussed in the American Association of Superintendents of Insane Asylums. It was conceded, that in American asylums, but little account, comparatively, was made of employment of the patients. The main reason assigned was, that patients in this country were reluctant to labor. One member, however, made the wise suggestion that if occupation were so essential in the management and treatment of the insane, as English experience would seem to show, was it not the duty of those in charge of such institutions in America to enforce it, even if patients were unwilling. But unwillingness to work is not confined to the insane in America, as will be seen by the following extract from the Tenth Annual Report of the Argyll and Bute Asylum; says Dr. Rutherford, its able superintendent: "An aversion to regular, well-directed industry is a characteristic of chronic insanity; and in this institution, to combat the tendency to idleness, or to do only such things as are in accordance with the disordered fancy, is a leading principle of treatment. To see chronic lunatics, strong and in the prime of life, strolling about all day in pleasure grounds, each indulging in his own morbid thoughts, is, as may be imagined, a painful and depressing spectacle. Mere walking exercise, be it ever so regularly taken, has very little influence in counteracting these morbid manifestations." In another place he adds: "No difficulty is experienced with new cases coming into the asylum; they fall at once into the system already in force; more difficulty is experienced with those transferred from other asylums, where they have acquired habits of idleness."

Again it is alleged that the common people of Great Britain are naturally more subservient to authority than Americans; that they carry this over into insanity, and so are more obedient to the command to labor. It may be reasonably doubted whether, in modern times, outside the army and navy, subordination is a special characteristic of British subjects; but any such difference in submissiveness to authority, if it were a fact, is more than counterbalanced by the superior versatility of the American laborer or artisan in the matter of employments.

Another reason was, that work-shops had been tried in this country and proved a pecuniary failure. However, the brevity of the reported unsuccessful experiments was, perhaps, a sufficient cause for the assumed failure; more probably, the experiments failed, as all half-hearted measures will, through difficulties and obstacles not resolutely faced. At all events, as financial results are only the smallest aim of

such employments, other evidence is needed than the mere want of these, before declaring the system a failure. The discussion ended, and I am not aware that any practical result was attained by it in the direction of increased occupation of the patients in our asylums.

It may be said, and with truth, that it is a predominance of chronic cases that permits this large percentage of employment in British asylums, but this same fact is true in American asylums generally. The theory is, not that our institutions have a greater proportion of recent cases and, therefore, employment is impracticable, but it is a general want of faith in employment, as a means of treatment, in any form of insanity. Says Dr. Ray, an American alienist of large experience, speaking of Great Britain, "we find a much smaller amount of excitement, both of the paroxysmal kind and of those inferior grades which, while they do not deprive a patient of all self-control, render him too restless and fitful to labor to much purpose." This rules out labor for recent and excited cases. He regards this national difference as, probably, the effect of climate. The British authorities, however, explain the difference in apparent excitement, to our want of use of labor in the treatment of the insane.\*

But, again, a few years since, some of the more practical-minded of the superintendents of insane asylums in this country, advocated the separation of the chronic from recent cases, in asylums specially designed for their use. They suggested, among other reasons, that they could be industrially occupied in farming and gardening

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\* While this report is in the hands of the printer, the annual report of Dr. Kirkbride, of the Pennsylvania Hospital for the Insane, has come to hand. In it I find a paragraph that well illustrates the idea of American alienists on the subject of occupation, in the treatment of the insane; in distinction from the British views and practices, that I have attempted to set forth:

"The number who can labor profitably to an institution and advantageously to themselves is comparatively small. Even those who do labor, must be carefully watched, to prevent harm or injustice being done. This is especially so with recent cases. The working energy given by mental disease is often far beyond what is desirable for the patient. Walking and riding, however, are nearly always safe and available for almost every one of every class not actually confined to the house by acute sickness. For those who are unable to walk, good roads inside the grounds, with suitable vehicles and gentle horses, donkeys, or ponies that can be driven by almost any one, give a valuable resource for passive exercise and the benefits of being in the open air. Whatever a hospital can do to carry out more thoroughly and pleasantly any of these means of occupation is real progress."

In justice to Dr. Kirkbride, it should be said, that about half the patients submitted to his care are gentlemen and ladies unaccustomed, by previous habits, to any form of manual labor, and that he has put in practice a very complete system of amusements for his patients, that fills up a very large portion of their time. The mischief is, that his views, formed by dealing with an exceptional class, are adopted by other superintendents, who have to do with patients of an entirely different character and previous habits.



operations, as, also, in some mechanical departments of labor to a limited extent. But the prevailing voice of the association declared this a futile expectation; and Dr. Gray, one of its leading members, uses this language in one of his reports: "It might be supposed that in an asylum where patients are detained for custodial care, and where those not likely to be restored are only discharged when well enough to reside in their families, the amount of labor would be greater. I do not believe the difference would be material."

What the present policy and spirit of management is, in this country, may be seen in the following extract from the last *Journal of Insanity*, the recognized organ of the American Association of Alienists, and edited by one of the best known of their number. It is in a review of a report of a Scotch asylum, in which the superintendent had described the fullness of employment and the freedom that he had been enabled to allow his patients as the result of such completeness of occupation: "We gladly hail every step in advance, but before we could advocate the adoption of such a system here, it would be necessary to make a comparison of the classes of patients received into the institutions of this country with those in Scotland, and be sure of an advantage to be derived by sending the feeble, demented classes out in squads to do pretended labor, for in most cases it must be a mere pretense over allowing the relaxation and freedom obtained by voluntary exercise in pleasant airing courts, under proper supervision." This is the language of one who knows nothing, by observation, of the actual facts of the case, but who, evidently, discredits the statement of the superintendent, Dr. Fraser (for he speaks of pretended labor of demented classes), and thus it shows a want of faith in labor as a means of restoration or management. The Commissioners of Lunacy of Scotland, however, on the spot, and after a thorough inspection, left this record on the register of that asylum within a year past: "About 60, including both men and women, were actively engaged in securing the potato harvest; and of the whole inmates (240), only about 15 men and 30 women are absolutely idle. The result is, that great tranquillity was everywhere prevalent, or was but temporarily disturbed by the inspection. No one was in seclusion, and the isolation of patients with locked doors is of extremely rare occurrence, and even then, must, occasionally, be ascribed to the withdrawal of the attendants to other duties, rather than to any necessity for seclusion. No one is restricted to the airing courts for any cause than physical disability for extended exercise."

I have dwelt thus long upon the West-Riding Asylum for it is a typical institution. Were it not for the fact that some of the buildings are quite old and on that account, in a measure, ill-adapted to the carrying out of modern views upon the management of the insane; were it



not for the excessive number of patients, it would be a model institution. As it is, it shows what the remarkable administrative abilities of its superintendent, aided by accomplished and efficient assistants, can accomplish in spite of these drawbacks. The tables given in the appendix of this report will show that the West-Riding Asylum does not stand alone in the successful employment of the insane in England.

It must be confessed that the British asylums have one or two advantages for the general occupation of the males, not possessed by all American institutions of the same class. The climate is less rigorous there than in some of the northern States. The winters are shorter and less severe, thus extending the annual period for out-door operations. Still, the difference of climatic conditions is not as great as the difference between the habits of both officials and patients as to out-door exercise. It being understood that, as a rule, the patients must go out or go to their shops to work, the state of the weather is not so much thought of. Then, again, by the artificial summer temperature that is kept up in American asylums, and the habits of in-door life, the patients become hospitalized (as it has been expressively termed), to a degree that renders them averse and unfit for any exposure to inclement weather.

Their buildings, especially the recent ones, are better adapted for getting the patients out of doors. Prevaillingly, they are of two stories, at all events only three; in either case, by a wise arrangement, the lower story is the day-room; all above for sleeping purposes. The attendants have only to open a door and the patients can walk out without the necessity of going down or up stairs in going out or coming in. This arrangement has its economical advantages, both in the way of heating and ventilation, in regard to which it is unnecessary to particularize. It may be said, perhaps, that the degree or percentage of employment of the patients, as given in the reports of British asylums, is exaggerated. Be it so, but what does that prove? Why, that employment is there, one of the accepted tests of good management in an institution.

It may, perhaps, be asked if this great amount of employment is compatible with the use of other means of mental diversion, that is, amusements of various kinds. It may be answered that English asylums are not behind ours in such resources. They have frequent entertainments of a varied character. There is a chapel, with exercises morning and evening; there is usually a fine hall for dramatic exhibitions. At the Sussex Asylum and at Brookwood, the stage-machinery and the properties were quite elaborate. Of course, there are cricket grounds and croquet grounds and frequent games. At the large asylums there is usually a band made up of attendants and patients, and I can personally testify to the excellence of the music. There are annual



fêtes and weekly dances, and excursions to objects of interest in the neighborhoods. The airing-courts of many English asylums differ from those of this country in several particulars. Many asylums have this arrangement. The entrance and the administrative offices are in the rear of the buildings, so that the patients' rooms overlook the ornamental grounds and command the fine prospects. The inclosing wall is sunk in such a manner, as not to obstruct the view or keep alive a sense of restraint and confinement. In other words, the institutions are built, and the grounds beautified, for the patients and not for the outside public nor to gratify the pride of a locality.

The superintendent of a Massachusetts institution, who visited the British asylums three or four years since, in his last report, expresses surprise at the absence or small number of pictures and engravings seen on their walls. While I think that such adornments are more common now than four years ago, yet there is probably less attention paid, even now, in Great Britain, to these, than with us; yet one hardly misses them in the presence of another fact. The British asylums are going through a process of renovation that covers their walls with cheerful papers or stenciled borders. But, best of all, the wards, even the refractory wards, are simply full of flowers, in pots; with vines running over the windows, and often one sees a variety of birds in cages. Even at Colney Hatch, one of the mammoth asylums, into which half London pours a never-ceasing stream of insanity, if I remember aright, there was but one airing-court that was not filled with trees and shrubs and flowers, and that, the one designed for demented epileptics. All these last-mentioned means of diversion from morbid thoughts and feelings are admirable in the case of the insane, but if they are the only means, they are obviously inadequate, except, perhaps, in the case of born or educated idlers, bereft of reason. The great resource must always be suitable occupation. Human beings, unless upset by maniacal excitement or sunk in dementia, crave it, and, even then, they can be, sometimes, made to desire it or be roused to some satisfaction in it.

In connection with this subject of labor, the question naturally will arise, how about trusting patients with tools of various kinds? Just before my visit to a large English asylum, one of the patients, a carpenter, had committed suicide. While at work he had secreted a chisel, and some time thereafter inflicted a fatal wound upon himself. Learning the fact, I made the inquiry of the physician, will not this be used as an argument against putting tools into the hands of patients; in other words, against trade-work for lunatics? His reply was substantially:—"I have been connected with this institution for seven years; there are a thousand patients; this is the third case of suicide; the other two were women who hung themselves with some article of



wearing apparel; we might as well, therefore, found an argument of double force against allowing female patients to wear clothing." He then referred to the fact, that too obviously, precautionary measures are a continual suggestion to the suicidal patient, that keep alive the disposition to make way with one's self; on the other hand, physical and mental occupation, in the direction of a useful purpose, tends to divert the suicidally inclined from their intention by turning their thoughts, habitually, in another channel; and by awakening in them, perhaps, the feeling that after all, they may be of some use in the world. And, further, in the case of unmistakable insanity there is no more stigma to be attached to death by suicide than any other form of death. I heard but one opinion expressed upon the subject, and what that was, is seen in the universal practice of the British asylums. Even in the asylum for insane criminals at Broadmoor 10 per cent of the patients were engaged in occupations that involved the use of tools that could be handled as dangerous weapons. It has been mentioned, repeatedly, in this report, that the good effect of employment of the insane is seen in the diminution of excitement, in the less occasion for the use of seclusion and mechanical restraints. Upon these conditions restoration to sanity often depends. The ratio of recoveries, therefore, in British asylums compares favorably with that of American institutions of the same class. But employment, judiciously planned, benefits the incurably insane, mitigates their lot. This it does by producing greater contentment and out of this contentment springs greater freedom. In England this larger liberty is as yet but a promise; seen, however, in general daily exercise in the open grounds and in prolonged walks beyond the boundaries of the institution; in the wider range necessitated by out-door and farming operations, and in the convalescent houses where the patients have a period of experimental freedom before an ultimate release.

In Scotland the percentage of employment of the insane is still greater than in England, and an experiment is now going on in the former country which bids fair to make what I have called a promise of larger liberty a successful realization. Within a few years in a certain Scotch asylum where the employment of patients had been pushed to its maximum the sagacious and kind-hearted superintendent thought that he would try the experiment of unlocking the doors of one of his best wards and paroling the patients. This worked well. He tried the next and so on till a large degree of personal liberty was enjoyed by nearly all the patients. Though the superintendent, Dr. Batty Tuke, has retired from this asylum, his successor, Dr. Fraser, has administered its affairs in the same benevolent spirit. It was my good fortune to spend a day there. I visited every part of the asylum. I saw the patients at their work and taking exercise. I made a copy



from their registers of the occupation of every patient on the day previous. From my own personal observation I cannot doubt the accuracy of the statements as to the number employed or the efficiency of their labor.

### FIFE AND KINROSS ASYLUM.

#### EMPLOYMENT — MALES.

Carpenters .....	2
Shoemakers .....	4
Tailors.....	1
Stokers.....	1
Messengers.....	6
Gardeners.....	2
Field-workers.....	58
House-workers.....	14
Painters. ....	2
Total employed.....	90
Unfit for work....	32
Total male patients.....	122

#### EMPLOYMENT — FEMALES.

Laundry and kitchen.....	27
In work-room. ....	86
Field-workers.....	1
House-workers.....	10
Total employed .....	124
Unfit for work.....	15
Total females.....	139

Total number of patients.....	261
Dining in association .....	246
Attending prayers.....	149
Attending amusements.....	169
Attending school.....	51
On parole .....	39
In seclusion.....	none.
Under restraint .....	none.

Next, as to the amount of freedom allowed to the patients. The day of my visit was a pleasant day in summer. I drove in at an open gate

which I was told was always open in summer, though 40 of the patients had a parole to go anywhere in the grounds. The doors of the administrative building stood open. Dr. Fraser took us at once through the male department, where I found every door unlocked; the male airing-court, unused and about to be taken down and its area thrown into the general grounds. The windows were like the windows of an ordinary house, the frames and sash of wood, with good sized panes of glass. Across the lower part of the windows were, in some instances, a few brass rods, a protection against falling out rather than a means of duress. The male convalescent ward, which accommodates some 35 patients, has its doors open from 6 A. M., till 8 P. M. The inmates of this last are, of course, on parole.

Two galleries in the female department still remain under the old system of locked doors; though not necessary for the majority of their inmates, yet the excitement of a few cases in each ward, rendered locked doors necessary. At the time of my visit to the female wards all the patients were out, except one woman who had a mania for scrubbing, and who was violently at work cleaning the ward; and two females in bed. The women had all been busy in the morning, but were now out for exercise in the open grounds. On the male side, two men were in bed, and one (a recent case) in seclusion in a padded room. Two or three strong rooms, on either side of the house, constitute the only means of seclusion; mechanical restraints are seldom used.

The following extract, from one of the last reports of this asylum, will best present Dr. Fraser's views on the subject of labor:

"Occupation is what I have the utmost confidence in. Its results are most beneficial. Almost every male patient can fill and wheel a barrow and the majority can use a spade. So almost every female patient can use a needle and thread or a knitting-needle. Constant supervision soon teaches one what is most suitable to each. Attention is being constantly and increasingly directed toward the occupation of both sexes. At the present date, all male patients, with the exception of from five to eight, are sent out every day in parties arranged according to their capabilities for work. Attendants accompany each set of workers. The head and sick-room attendants are the only ones retained in the house. On the female side there are three work-rooms, one devoted to the main sewing requirements of the house, and the others to teaching and encouraging to work of the idle and demented. In these three rooms are above 90 patients. The laundry, the kitchen and the house generally give employment to about 40 more, so that the actually idle are reduced to a minimum. My desire and aim is to make your asylum a veritable bee-hive. The men work both forenoon and afternoon, but their hours are not long. The females, though kept



at work in the forenoon, spend the afternoon in walking and out-door recreation."

It may be thought, perhaps, that the patients in this asylum are exceptionally of the chronic and harmless class, but the admissions were 35 per cent of the average resident population. The recoveries were 44 per cent on the admissions. Besides this, 30 improved cases, who were supposed to be harmless, were dismissed during the year. In Scotland this class of cases are remanded either to the custody of friends, are boarded out in private families, or drift into the lunatic wards of poor-houses.

With all this attention to employment of the patients, means of amusement are not neglected, nor is the pathological study of insanity overlooked at this asylum. I visited the pathological museum, which is one of interest. Their case-book will compare favorably with that of any institution in the kingdom.

Lest my observation in regard to the two points of employment and freedom should be regarded as that of a mere enthusiast, I will add that a few days before my visit, Dr. Arthur Mitchell, one of the Scotch commissioners of lunacy, had made one of the periodical inspections of the board. He had left the following record on the register:

"In visiting the male side of the asylum, every door was found unlocked. On the female side only three doors required to be opened by a key. Of the 248 patients in the asylum, 220 occupied unlocked rooms. This fact involves more than the mere removal or abatement of the sense of imprisonment. It is admittedly of importance to avoid the mere appearance of restraint, but much more than this is done here, the freedom accorded to the patients being real as well as seeming. On the male side, in so far as locked doors are concerned, no difference was seen between the arrangements of this asylum and those of a hospital for the treatment of ordinary diseases. It is satisfactory to be able to add that the effects on the management are to render it easier and cheaper."

The superintendent, Dr. Fraser, made this comment on the last sentence of the entry: "I do not think it easier for either officials or attendants, but that is not the question."

On another occasion and in regard to another matter, one of the commissioners of lunacy made this remark to me: "With the Boards of Lunacy," said he, "the question is not what is most convenient or most agreeable to the officers of institutions, but what most concerns, first, the recovery, and then the welfare and comfort of the patients. All personal considerations must bend to these."

I also visited the Midlothian and Peebles district asylum. This was a new asylum, designed to accommodate 240 patients, the number to be increased by a cottage system, each cottage to accommodate 10 patients.

At the time of my visit there were but 168 patients. Out of this number 148 were actually employed, and on the average six hours a day. The customary ward cleaning was done before eight o'clock in the morning. Of this number (168) all but 18 dined in the common hall on the day of my visit. Confined to bed, three males and four females.

As a natural result of this general occupation, quiet everywhere prevailed. The register showed that there had been but one case of seclusion during the nine months since the asylum had been opened. There had been no case of restraint, no strong or peculiar dress of any kind worn during the same period. Here, as at Cupar, the main gate was open. I went through the whole establishment and the superintendent had occasion to use a key but once, and that in passing from the male to the female side of the house. In the original plan the architect had built one airing-court for refractory cases, but the patients were busily engaged in leveling it on the day of my visit.

Here I saw a low iron fence between the exercise grounds of the males and the females. I was led to remark to the superintendent that one could get over that fence on crutches. Pointing to a gate without a lock, he replied, "But it is easier to go through the gate." One of the cottages, just completed, was a model of convenience and economy.

The superintendent of this institution had full faith in the policy of the general employment of the insane, and in the practicability of allowing a great amount of freedom.

While in Edinburgh I had the privilege of a personal interview with Sir James Coxe and Dr. Arthur Mitchell, two of the Scotch commissioners of lunacy. They kindly advised me as to what asylums I should visit, to see the characteristic features of their system. They were especially desirous that I should visit the Argyle and Bute asylum, and a small one at Banff. I was unable to visit either with the time at my command. I am able, however, to give some statistics of each, from the annual reports of the lunacy board.

At the Argyle and Bute asylum, there were 217 patients. Of this number there were only 32 idle, either from sickness, old age, or mental condition, making the usefully employed about eighty-five per cent of the whole. That this high percentage was not obtained by enrolling a large number of patients as house-cleaners, will appear from the following statement of actual occupations on the day of the visit of the commissioners:

#### OCCUPATIONS OF THE MEN.

Trenching, leveling, etc.....	25	Driving carts .....	2
Working in the garden.....	8	Herding cattle and cleaning	
Making road metal.....	2	byre .....	3



Acting as shepherd.....	1	Assisting storekeeper .....	1
Working with mason .....	2	Cutting wood.....	1
Building dry-stone dyke.....	4	Acting as house-cleaners ....	10
Thinning turnips .....	31		<hr/>
Working with engineers....	3	Total .....	96
Working with joiner.....	3		<hr/>

#### OCCUPATION OF WOMEN.

Engaged in needlework .....	25	Acting as housemaids.....	3
Working in kitchen .....	8	House-cleaners.....	14
Thinning turnips .....	7	Teasing hair of old mat-	
Working in laundry .....	8	tresses .....	8
Spinning.....	4		<hr/>
Acting as dairy maid .....	1	Total .....	82
Knitting stockings .....	4		<hr/>

#### SOME FACTS IN RELATION TO THE BANFF DISTRICT ASYLUM.

“There are 43 men and 47 women at present in the asylum. The house was in excellent order, and presented an aspect of great comfort and cheerfulness. There was no excitement among the patients of either sex, and their appearance indicated a full and suitable dietary. A large amount of freedom continues to be accorded to the patients. Eighteen are on parole within, and ten beyond the grounds. Of the men, it is said there are twenty who could be sent to Banff without an attendant. About thirty go to the parish church, but only twenty of them at a time; they are not accompanied by an attendant.”

After describing the various out-door employments in which the patients were engaged, in some cases without supervision, the commissioners add, “No accident is recorded; there is no entry in the register of restraint and seclusion. One woman only had been placed in a locked room. No such thing as locked boots, quilted blankets, canvas dresses, strait jackets, or any special contrivance of dress, exists in the institution.”

I made two visits to the Royal Edinburgh asylum. At the first, I inspected the West House, where are accommodated nearly 700 indigent cases or persons who paid a moderate price of board.

Here, I found them making numerous alterations, among which were increasing the room and the facilities for indoor occupations, and leveling all the airing-courts, thus bringing all the refractory patients into the general grounds for exercise. Here, only some 55 per cent of the patients were employed, owing to the moderate amount of land belonging to the institution, and also to the quite crowded state of the buildings. It may be remarked in passing, that this small percentage of

employment has been made a matter for unfavorable comment by the lunacy commissioners; as also the fact that seclusion and mechanical restraints were more frequently resorted to than was found necessary in many other asylums. They do not hesitate, however, to impute it in great measure to overcrowding, and the want of sufficient exercise or occupation.

At my second visit, I spent the whole time at the East House, where are 70 pay-patients of the better class. The main building for their accommodation is more than 60 years old. It was built on an old plan; corridors on one side of wings, and with single rooms for patients on the other. There were sitting-rooms attached where the patients also took their meals. In another wing were suites of rooms for patients of the wealthy class, with a drawing-room of some elegance, where the patients assembled in the evening or at other times. This building had just undergone a complete renovation. Tasteful decorations concealed the age of the older portions of the structure, and it was variously modified to meet advanced views of management. The old iron window guards and frames had given place to plate-glass windows with wooden sash, even to the third story. In the drawing-room in the second story, already mentioned, I noticed that all the windows opened to their full height.

The patients in six small wards may be said to be under lock and key while indoors, but in the new wings of this building and in three or four cottages, the superintendent, Dr. Clouston and myself, went in and out without the use of a key. In these, also, the windows were like those of an ordinary house. I learned that these quarters are locked only at night.

Each year a large house is taken at the sea-shore, where such patients as would be benefited by the change, are taken in companies to spend a short period.

There is now no airing-court in this whole establishment. It should be mentioned, that in the opinion of Dr. Clouston, a superintendent of large experience, it would be well to have one or two airing-courts in an institution as large as this to meet the wants of a few cases. In the most refractory female wards I saw here a piano, as I believe was the case in every asylum visited in Scotland. Dr. Clouston expressed himself in favor of small-sized institutions, and of individual treatment of the insane in distinction from class treatment.

Any report of what is going on in Scotland, in the direction of greater freedom for the insane, greater assimilation to the conditions of treatment of ordinary disease and invalidism, would be inadequate that did not mention a new asylum just now completed a short distance from Glasgow.

It is built by a large and wealthy corporation of that city, as a paro-



chial asylum. It will accommodate 400 patients, but the administrative buildings are designed for a much larger number, as there are to be extensions of its capacity on the cottage system. It is to be under the superintendency of Dr. Rutherford, who, by his admirable management of the Argyle and Bute asylum, has made that institution the pet institution (as I heard it expressed) of the commissioners of lunacy.

Many of the features of the new asylum are the result of his opinions and suggestions. It is simply complete in all its arrangements and appointments. In its domestic arrangements it embodies every modern contrivance for convenient or economical administration, and British art in that direction is in advance of the world, it would seem to me.

It has a chapel with stained-glass windows. It has an amusement hall of fine proportions and stage appointments. Its dining hall is all that could be desired.

Though the building is but two stories at the highest, and covers a large ground surface, its various parts are so connected by covered ways, that each are within easy reach of the others, or of the general places of assembly. The work shops and the laundry are admirably arranged for the employment of the patients.

There are a few strong rooms in each department for the seclusion of excited and refractory patients, and then all other arrangements are like those of any well-ordered hospital for the treatment of disease.

There were no spring-locks on any doors in the house. The windows were like those in an ordinary house and without guards. The furniture was in no way peculiar, except that the table ware was quite elegant. There were no airing-courts. The main front of the building, and that the patients' front, looked out upon what, when finished, were to be ornamental grounds; and these bounded by an open iron fence, on the other side of which runs a railroad of immense passenger traffic; perhaps 20,000 passengers a day. In fact, such is the faith of Dr. Rutherford in the effect of employment in tranquilizing the patients, that he may be said to court observation of the grounds where his most refractory patients take their exercise.

Dr. Fraser, of the Fife & Kinross asylum, had expressed an opinion, that perhaps the great amount of freedom he allowed his patients might not be practicable except in asylums of moderate size — say with 250 patients — and not in too close proximity to a large city. But Dr. Rutherford had no doubts of success, with open wards even with a much larger number. All he asked was abundance of land for outdoor work and well arranged work-shops.

In some tables in the appendix of this report, the percentage of employment of patients, in some of the leading asylums in Scotland, may be seen. Even the lunatic wards of poor-houses furnish no exception

to the prevailing policy of occupation for the insane, and with like beneficial results.

Take, for example, the Govan Poor-House. I quote the testimony of one of the commissioners of lunacy. And perhaps this is one of the most instructive features of British experience for American consideration.

The numbers of inmates are 44 males and 46 females. The numbers industrially employed are 30 males and 32 females. Some idea of the extent of the diligence of the latter may be formed from the number of articles made by them in the course of a year. "These comprise 253 sheets, 149 caps, 53 pairs of stockings, 159 aprons, and 9 dresses, for the governor's store, and 14 shifts, 4 jackets, 2,765 shirts, and 4 pairs drawers, for warehouses in town. From the money received from the warehouses the patients are provided with articles of dress and ornament, which could not otherwise be supplied to them and are thus led to take an interest in their work, and at the same time in their personal appearance. By this arrangement the interests of the establishment and the happiness of the patients are alike promoted."

I have mentioned that the experiment of larger liberty for the insane is of quite recent date. Nevertheless, it has been adopted at five or six asylums and with acknowledged satisfaction by those who have their immediate charge. It requires, of course, the same kind of courage that was manifested by Pinel and Connolly in the advanced steps in the management of the insane, now so generally and approvingly associated with their names. Furthermore it is a step that meets the hearty concurrence and approval of the Scotch Lunacy Board, and it is by them commended for trial to the management of all the other asylums.

There is another aspect of both these questions, namely, of employment and freedom, that ought not to be overlooked. How greatly must they contribute to the comfort and pleasure of the patients. Something to do and something to think of, and a degree of personal liberty, instead of listless efforts to kill time, to wear out the weary hours between them and the hoped-for deliverance from a galling sense of restraint and confinement. With an ocean between us and an experience so contrary to all our accepted notions of the necessity of close confinement for the insane, I could hardly hope for a ready belief in the accounts above given, did these depend upon my observation alone. I have accordingly freely quoted the opinions of the lunacy commissioners, physicians of experience and men of comprehensive social views.

As bearing upon this question of freedom I extended my tour of observation to the noted insane colony at Gheel, in Belgium. There I found about 1,300 insane men and women, all but 40 of whom were



actually living in the families of the village and commune. A central asylum under the superintendence of Dr. Bulckens, one of the most accomplished of European alienists, receives all new-comers till their fitness for boarding out has been determined, as also their needs in the way of medical or other treatment; it also receives all cases of periodical insanity, when the paroxysm is upon them; where they betake themselves or are brought by their family care-takers to this central house of refuge, for appropriate treatment and care.

The entire population of the commune is about 12,000, and most of the families admit insane boarders. As a rule, not more than three patients are allowed in any family. Thus located they become, in a measure, or are treated as members of the family. They sit at the common table, have the same fare and labor in household duties or in whatever line of industry is the occupation of the master of the house. I first went to the asylum and was introduced to Dr. Bulckens. He took me through the entire building, calling my attention to every thing noteworthy. Of the whole 1,300 patients, under his charge, only four were in seclusion, three males and one female; of the whole number, only 40 under restraint or duress of any kind. That no great amount of restraint is ever used, was seen in the fact that there were but two padded rooms and four strong rooms, and only 14 single rooms in the whole establishment. The asylum is surrounded by about five acres of land, the cultivation of which supplies the family with vegetables. The patients here were employed in household and gardening operations. The provisions for bathing and ventilation were complete and the house was exceedingly neat; the sleeping arrangements were all that could be desired. The airing-courts were filled with shrubs and flowers. The accommodations of the outside pensioners depend upon the pecuniary condition of their friends. Not only are the poor farmers and villagers willing to receive the insane into their families, but wealthy patients find quarters in families where the appointments and the fare are quite elegant. For the poor person, who has become insane, it is no hardship to be placed in a family and in circumstances like those of his prior daily life; for the wealthy, who can afford to pay, it is well to have surroundings in accord with their previous tastes and habits. The price varies from \$1.25 a week to \$15 or \$18.

The location of the patients is determined by the general director. All are subject to his visitations as well as that of his assistants; besides this there is a governmental supervision and control. The feature of the system is the seeming freedom of the patients, the utter absence of restraint; and yet, with all this freedom, the patients are under a constant guardianship, of which they are unconscious. Not only the family in whose care they are, but the whole community are on the watch that they shall do no harm and receive no harm. It is so much the

business of the whole community that a spirit of watchfulness pervades all classes; and not only so, but they are all alive to guard against any thing that will bring the system into disrepute, not only in their own management but in that of their neighbors. They are all experts in the management of the insane. When I asked one woman how long she had taken pensioners, she replied: "Ten years, then 20 years and finally, ever since I was married." I went through the town visiting numerous houses; mechanics' houses where the patients were at work; then into what are called second-class accommodations, and finally into one of the finest houses in town. I was everywhere received politely and shown all the household arrangements. After a while I started out into the country, calling at every house. I made a long day of it and finally returned to the hotel to spend as long an evening, in conversation with an intelligent Hollander, once a patient, who had been my companion and interpreter through the day. For all the weak points in the system, that I could think of, he made an adequate defense. Here, as in Scotland, the hinge upon which all this personal liberty, all this contentment, all this freedom from excitement turns, is in the fact of the general employment and industry of the patients.

After such actual inspection of this Belgian colony I can indorse the following language of the eminent German alienist, Dr. Griesinger: "The experiment of Gheel has proved that the greater number of the insane do not require the confinement of an asylum; that many of them can safely be trusted with more liberty than these institutions allow, and that association in the family life is very beneficial to many insane patients."

It may be mentioned that an experiment is now being made in Scotland in colonizing a certain number of the insane poor and with some degree of success. In the United States we lack the class of families that render the system practicable in Belgium and Scotland.

In this account of my tour of observation I have dwelt mainly upon the two points of general employment of the insane in industrial occupations and its tranquilizing effects, and the growing amount of personal liberty accorded to the inmates of asylums. The facts presented have been drawn chiefly from the experience of a few institutions. Had my observation been confined to these it might have been said, and I might have thought myself, that these features of asylum management were peculiar to these thus referred to, the result perhaps of the eminent personal qualifications of their officers. Yet, what I saw at these was but the type of the general policy in the management of the insane in Great Britain. My note-book is full of like methods and analogous results seen at other institutions. On one occasion I heard West Riding spoken of by a competent authority as the best managed *large asylum* in England, but with the evident assumption



of the speaker that its very size did not allow it to stand in comparison with Sussex or Brookwood, Glamorgan and others of more manageable proportions. I have no occasion to make comparisons, but can speak in terms of commendation of nearly all the institutions visited. Unless my prior prejudices grossly warped my judgment, as a rule, the advantage was with the institutions of moderate size.

I come now to speak of an institution, that is unique in one of its features; namely: in the prominence given to school exercises, as a part of the moral treatment. It is the Richmond District Lunatic asylum at Dublin. I had a letter of introduction to its superintendent, Dr. Joseph Lalor, but he was unfortunately away. His assistants kindly took me in charge, and I spent the first afternoon visiting the female department, which occupies an old and inconvenient structure. As there was no school at the time, I saw only the school-rooms.

The next day I returned to visit the male department. It being Saturday, even on the occasion of the second visit, I did not see the regular school exercises. I, however, found the male department accommodated in a fine new building that had some admirable features. The head master kindly called his pupils together, and I saw some of the results of his training. It was in every way of great interest.

Just before my visit, the British Medico-Psychological Association had held its annual meeting at Dublin. There was a large gathering of well-known alienists on this occasion, and they had devoted some time to the inspection of these schools. There is a complete system of instruction, with a full schedule of daily exercises, beginning with object lessons, and including the whole range of elementary English studies.

One of their number, Dr. D. Hack Tuke, has since given, in the October number of the *Journal of Mental Science*, a glowing account of this visit, and an admirable summary of the results attained. From his account, I copy some statements that will have more weight than any thing that I could offer.

First, as to the patients. There were at the commencement of the year, 1039 patients, of whom 485 were males and 554 were females. Of these, by far the larger number were laborers, domestic servants, tailors and seamstresses, shoemakers, carpenters, and shop keepers. There were 14 students and teachers, and five professional men. These figures will show the class of patients upon which educational influence is brought to bear. Not a few on admission were unable to read and write, while the others were in various stages, as regards education.

Of this number, 120 men and 130 women were in the practice of

attending school daily. It may be interesting to know the number employed in other occupations. Men—garden and farm laborers, 90; assisting servants to clean house, 65; miscellaneous employment, 27; shoemaking, 12; tailoring, 11; painting, 5; carpentry, 3. Women—needlework, 114; assisting servants, 67; miscellaneous, 33; assisting in laundry, 55; knitting, 15; quilting, 9; fancy work, 1; leaving somewhat more than one-fourth unemployed.

After describing the various exercises in detail, he concludes by expressing the strong conviction that the introduction of schools into all county asylums is of the greatest importance. The immediate effect of such instruction in causing actual recovery, may not be apparent; but inasmuch as the ratio of recoveries on admissions at this asylum, was the high percentage of  $45\frac{1}{2}$ , he thinks it not illogical to connect the fact, in part at least, with the school system pursued by Dr. Lalor. Dr. Tuke concludes by devoting a page or two to urging the introduction of a similar school system into English asylums.

It may be mentioned in this connection that schools were a common feature in the early history of American asylums. As in the case of industrial employments, they have gradually given way to a rather exclusive drug treatment, in accord with the theory that insanity is always and only a physical disease. The wisdom of the fathers of psychological medicine has become un-wisdom to their professional descendants, but, unfortunately, as our insane asylum reports bear witness, the ratio of recoveries on admissions is too frequently a diminishing one, and the army of chronic insane is each year receiving constant additions.

Some account should be given, perhaps, of the different classes of institutions in Great Britain for the treatment and care of the insane.

The first to be spoken of are the private asylums. These, as they are required to take out a license from the Boards of Lunacy, are known as licensed houses, asylums or hospitals, as the case may be. One class of these receive patients from wealthy families, upon terms which vary with the accommodations furnished, or perhaps, as in ordinary medical practice, somewhat upon the reputation of the physician in charge. They are subject to a very rigid and frequent visitation by the boards above named. Another class of institutions receive pay patients upon more moderate terms, and, in a few instances, also admit patients supported at public charge, upon terms agreed upon with the proper authorities.

Of these private asylums there are more than a hundred in Great Britain. From inquiries made in a variety of directions, I feel assured that the following comment upon their management in Ireland, which



I find used by the Lunacy Commissioners of that country, could very properly be extended to those of England and Scotland :

“Looking to the general working of private licensed houses in this country during the past year, we are gratified at being able to report that not a single cause of complaint sufficient to need an official inquiry was preferred to the executive or the inspectors.”

In the case of the smaller ones, the treatment is as individual as in private medical practice, and the degree of confinement is constantly adjusted to the daily needs of every patient. At the head of these private asylums will be found men whose names are well known to the profession throughout the world. I found no prejudice against private asylums among those best qualified to judge of their management.

To the licensed hospitals we have in the United States corresponding institutions, thus: the Bloomingdale Asylum, the Penn. Hospital, at West Philadelphia; the Retreat, at Hartford, etc.

There is one feature of these institutions that deserves mention.

In social life in Great Britain, as is well known, very marked distinctions exist, and the same distinctions are measurably recognized in these hospitals for the insane. Thus we find differences of accommodations, in style of living and in fare, existing in one institution, though the medical treatment will be the same in all cases.

Then come the county asylums, which, in the main, correspond with our State asylums. These receive patients from the average population, who are able to pay a moderate charge for their care and maintenance ; and also the indigent and pauper cases.

The harmless insane are sent to the ordinary poor-houses, or are dismissed from the county asylums to the families from which they came.

Within a few years, in some of the larger counties, such cases together with adult idiots are collected in custodial asylums, specially erected for their use. All the institutions above described are under the supervision of the Boards of Lunacy.

The result of this classification of institutions is to take out of the county asylums most pay cases. This leaves the county authorities opportunity to adjust both the expenditures for construction account, and also for current expenses with a proper reference to the rights and interests of the tax payers.

It seems to be a settled principle in Great Britain that the State is under no more obligation to provide hospital accommodations and treatment for the wealthy or those able to pay, in the case of cerebral disease than in any other. Exception is of course made in the case of dangerous lunatics, but even then the cost is a legal charge upon the relatives and friends.

The result is, that there being no institutions, subsidized by the State, for the reception of the wealthy classes, there have sprung up, in



accordance with the law of supply and demand, these excellent private asylums which fully meet their wants.

In a small number of cases this division may, for the time, seem to operate disadvantageously. Thus there are now, doubtless, a few persons accustomed to a better style of living, to whom the accommodations and the fare of the county asylums will be somewhat distasteful. But there is at this time an agitation of the question which will probably result in the establishment and endowment of what may be called middle-class asylums, to meet the conditions of this very class. The cause is one that will appeal strongly to the sympathies of the wealthy and benevolent, and be sure to bring a proper response.

I have had occasion to make constant reference to the agency and the opinions of the British boards of lunacy in the preparation of this report. But there was no help for it. They represent the government in their relations to all the institutions that have the care of the insane. Their care and protection even penetrate to the insane individual in the custody of friends. They guard the personal liberty of every person in the realm, of high degree or low, against its infringement on a false plea of insanity. At certain periods, they see personally every patient in every institution, and, if desired, grant a private interview, apart from the officers in charge, to listen to any alleged grievance. When occasion calls, they follow any charges against the administration with an impartial and rigorous investigation.

They examine the daily records and other registers, both professional and administrative. They make suggestions to bring the management in accord with the established principles of modern social science, to promote the comfort and happiness of the patients. No policy of management is unconsidered; no detail of method or appliance escapes their observation or is beneath their thought.

They stand between the management and the tax payer. All plans of building are submitted to them for approval; and, while demanding for the patient all that social science demands, they are consistent and earnest advocates for economy of construction. To my inquiries of one or more of these commissioners of the present cost of asylums for the insane, they gave as a maximum £150 per patient, including land and furniture. This, reduced to American currency, would be about \$850 for each patient.

The Surrey County Asylum at Brookwood, known all over England as a model asylum, has just erected a new building for 300 patients that meets the entire approval of the commissioners. It is complete in itself, with kitchen and laundry, and all other domestic offices. After spending some hours in inspecting it, I could see no way in which it could be improved. This building, properly equipped and furnished, was completed at a cost of less than \$750 per patient.



Of course, they cannot absolutely prevent, even lavish, outlay of public money in construction accounts, for ambitious managers and architects will sometimes transcend the bounds of a reasonable expenditure in that direction ; but they do discourage and deprecate it in all their utterances.

But there is in Great Britain another safeguard against such squandering that, most unfortunately, does not apply in the construction of State asylums in America. It is this: The tax to meet such outlay is drawn from the same locality where it is expended, and the members of the boards of management are among the largest tax payers of the region. Thus their own pecuniary interests and a sense of responsibility to an immediate constituency equally interested together act as a strong check against extravagance.

That the American tax payer needs some such intervention, from some quarter, is seen in the palaces that are now being erected in this State, and so fittingly condemned in the last annual message of Governor Tilden — in New Jersey and in Massachusetts — with construction accounts varying from \$2,500 to \$5,000 a patient ; in other words, from two to four times the amount that is needed. The only possible plea for such extravagance is durability. And this is the last quality to be thought of in any hospital — much less in an insane asylum. The history of such institutions is the record of a continual outgrowth of structures and appliances once thought ample or adequate. That the end is not yet, is seen in the fact that a wide difference of policy of management still exists in different countries. The State Board of Charities, in Massachusetts, in their last annual report, with a grim facetiousness, have analyzed some of the expenditures of the new asylums for the insane in that State, showing the utter lack of common business knowledge that has characterized the expenditure of the public money in that direction.

Furthermore, these commissioners scrutinize the current expense accounts of every asylum ; comparing them with each other in minute detail ; reproofing waste or parsimony, and publishing, annually, instructive comparative tables of every form of expenditure in the several institutions.

But again, they stand between the inmates and any undue penuriousness of management where such exists, by enforcing all laws that inure for the benefit of the insane in asylums ; by securing legislation that contributes to that end ; by letting day-light in upon any discovered abuses or inadequacies of management ; but, above all, by creating and moulding a public sentiment that even penuriousness and stupidity cannot well withstand.

Passing from one institution to another, in familiar intercourse with their several officers, and with full daily records of every detail of man-

agement or mode of treatment, and seeing diverse and individual methods of accomplishing the same or similar ends, they acquire comprehensive views of the whole subject. They are tolerant of shortcomings in administration where circumstances are adverse, but equally ready and bold in dealing out deserved censure to the management of any institution, whatever its supposed prestige or privilege.

By virtue of this successive visitation, they are not only authorities whose good opinion and commendation are to be desired, but experts whose counsel and suggestion are of no small value. All these functions are so wisely and discreetly performed, that only on one or two occasions did I hear from officers of institutions any disparagement of their intentions or any complaint of their administration.

It may be asked, perhaps, are there, then, no abuses in British asylums; no mismanagement? Of course, there are occasional instances of abuse and mismanagement. Incompetent and inefficient officials are to be found the world over and in every kind of institution. So, too, lazy and brutal attendants will find opportunities for shirking and misconduct. But with the thorough governmental supervision exercised by the Boards of Lunacy, and with the humane legislation and humane public sentiment that they have originated and fostered, the tendency is all the while to an improved condition of management; to the reduction of abuses to a minimum.

Any one familiar with their annual reports will have seen that mismanagement and incompetency on the part of officials, neglect and cruelty on the part of attendants are never covered up. Investigations are never smothered in the fear that they may create a prejudice against any institution; but actively and fearlessly prosecuted. The wonder is, in view of the thoroughness and minuteness of their inspection, and with the more than 60,000 insane under their general charge, and in a great variety of circumstances, that so few casualties, so few causes of complaint occur.\*

The Anglo-Saxon remedy for public mal-administration and incompetency is publicity, and so these Boards of Lunacy in their annual reports publish every thing of the kind. These reports furnish texts for editorials in the leading papers of the kingdom. The effect is seen in a growing conformity, in the management of the various institutions, to the views and requirements of the commissioners, and in a general

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\* In looking through the reports for 1874, of twenty British asylums, containing in the aggregate about 15,000 patients, I find that there were but seven accidental deaths, and these nearly all in the case of paralytics and epileptics; and only five suicides.

In the annual report of the Commissioner of Lunacy of the State of New York for 1875, where are given the statistics of thirteen institutions, containing in the aggregate about 3,500 insane persons, there is found the record of twelve suicides. Other casualties are not noted.



elevation of the standard of public provision to meet the needs of the whole class of insane.

We have, then, in the management of the insane in Great Britain, three classes of officials with correlated, but well defined, functions.

First, the medical superintendents. These, selected for their attainments, skill and administrative qualities, manage all the internal affairs of the institutions of which they have the immediate charge. They direct in all that pertains to the daily life of the patients; all that pertains to the cure or amelioration of their condition, subject only to the rules and regulations of their respective boards of visitors.

Next, the committees of visitors, men of character, position and influence, representing a county, municipality, or incorporation, and chosen to manage the general financial interests of the particular institution under their supervision. They meet often to consult about its affairs, and by sub-committees and individual inspection, they are able to render intelligent and efficient service in the management of its affairs.

Above these both are Boards of Lunacy, whose scope and functions I have already mentioned. These are a proper culmination to a well-adjusted general system of management for the insane.

So intimately related were their various offices and functions to all that was best in British asylum management, that the main conclusion of all my observation was this: *That, in this country, the welfare and comfort of the insane and the various correlated interests of society, would meet on common ground, not until every State in the Union had some legally constituted board, alike in powers and functions to those of the British Boards of Lunacy.*

H. B. WILBUR.

SYRACUSE, N. Y., *January 8, 1876.*





## APPENDIX.

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It has been a generally accepted doctrine, in the medical profession, that insanity, in its early stages, is quite a curable disease. It was derived from the published opinions of the specialists, in asylum reports and elsewhere. Let me quote one or two passages illustrating this point:

“Insanity in its early stages is one of the most curable of nervous diseases. The easy curability of insanity, in its early stages is a well-settled axiom, confirmed by an enormous volume of evidence, from which there is no escape.”

Another eminent authority says of recent cases that, “probably, 80 per cent and possibly 90 per cent, would be cured if submitted promptly to treatment.”

In the 6th, Annual Report of the Hudson River Hospital, the following language will be found: “The position which we would maintain is briefly this: Of those who become insane, and who are so favored as to be soon and rightly cared for, more than 80 per cent are restored to mental health; while on the other hand, brain diseases becomes chronic in direct proportion to the delay which it incurs in securing proper treatment.

“If there be any reliance on human observation and testimony, it is entirely safe to affirm that chronic insanity would ere long, dwindle to comparative insignificance, were every patient, within a few days from his attack, placed under good medical and hospital care.”

The argument here, is one frequently used in behalf of expensive hospitals for the insane; namely, that chronic insanity would almost disappear if patients were but promptly treated in such institutions. Unfortunately, the facts of the case, by no means justify these sanguine expectations of the specialists. On the contrary, an examination of the statistics of our older institutions for the insane, reveals the startling fact, that the ratio of recoveries to admissions is an annually diminishing one, in spite of much-vaunted pathological investigations, of new remedies and the more prompt submission of the insane to treatment.

It would seem as if these strongly expressed opinions were based upon a kind of traditional impression in the specialty.

Some old statistics of the Friends' Retreat, at York, in England, gave origin to these impressions, apparently. Either the disease has

changed since the date of those tables and kindred observations, or else there has been some misinterpretation of the facts. It would be safe to assert that the statistics of the Hudson River Hospital would in no degree warrant the language of its superintendent, above quoted. They are not found, at all events, in its reports. In the reports of the asylum at Utica, carefully prepared statistics are given related to this point, and a table made up from these is here annexed. These are given not as absolute results, but as proximate results. Some of the admissions of 1874 will doubtless be cured in 1875. On the other hand, some cured in 1869 and '70 were from the admissions of 1868.

Many have been removed or dismissed "improved" and "unimproved," of which no account is taken. Such removals or dismissals, as a rule, are acknowledged "incurables."

#### ADMISSIONS.

YEAR.	Total.	Less than three mos. insane.	Less than six mos. insane.	Less than one year insane.
1869.....	457	189	251	318
1870.....	471	257	308	364
1871.....	499	156	196	291
1872.....	385	133	186	239
1873.....	399	135	191	255
1874.....	356	134	194	245
Total.....	2,567	1,004	1,326	1,712

#### RECOVERIES.

YEAR.	Total.	Less than three mos. insane before ad- mission.	Less than six mos. insane before ad- mission.	Less than one year insane before ad- mission.
1869.....	156	82	117	139
1870.....	153	65	93	112
1871.....	168	88	130	147
1872.....	142	74	93	110
1873.....	122	66	84	102
1874.....	123	67	90	109
Total.....	864	442	607	719
Ratio of recoveries for each class, per cent.....	33.6	44	45.8	42



The statistics of another asylum furnish the following percentages :

#### DURATION OF INSANITY.

	3 mos. and under.	6 mos. and under.	1 year and under.
Recoveries.....	46.23 per ct.	40.56	35 per cent.

Since preparing these tables the last report of the Board of State Charities of Massachusetts has come to hand, from which the following is extracted: "Those sanguine expectations once prevalent of curing three-fourths, even nine-tenths of the patients who submit to treatment in the early stages of their insanity no longer prevail at our State hospitals."

Dr. Eastman of the Worcester Hospital thus remarks: "These careful investigations lead to the conclusion, that of the whole number of cases of insanity less than one-half are really cured, many of which relapse, and it is extremely doubtful if under the most propitious circumstances any possibility exists of increasing the proportion of recoveries much above 50 per cent."

Dr. Earle in his report of the Northampton Hospital, gives statistics which lead to a like inference, and in a communication to the chairman of the board expresses a doubt whether more than 40 per cent of the insane permanently recover, even when treated at the outset of their disease.

#### SOME STATISTICS OF BRITISH ASYLUMS FOR THE INSANE.

Of 15 asylums visited, and of which I have also reports, a table was prepared, of which the following is a summary:

Total number of patients.....	9,786
Total number of annual admissions.....	3,381
Ratio of admissions to average number resident.....	34.5 per cent.
Percentage of patients employed.....	68. per cent.
Percentage of recoveries on admissions.....	39.6 per cent.

The ratio of admissions to average number resident, in the above table, shows approximately the proportion of recent cases. The percentage of recent cases, in so far as they are hospital cases, is to be borne in mind in any fair comparison between British institutions and our own, in the matter of labor.

An examination of the statistics of the foreign asylums, however shows that the proportion of recent cases does not materially influence the percentage of employment. In the institutions where the chronic cases predominate, old age, paralysis, and general infirmity, diminish the aggregate capacity for labor of the inmates. On the other hand,

where recent cases predominate, the inability is the result of maniacal excitement or melancholia dependent upon cerebral irritation.

In forty English county asylums, containing in the aggregate 30,000 patients, the percentage of patients employed was over fifty-eight per cent. In seventeen Scotch asylums of the same grade, with 4,611 patients, the percentage of patients employed was more than sixty-two per cent.

#### COST OF MAINTENANCE.

In thirteen lunatic hospitals, containing some 2,000 pay-cases of the well-to-do classes, the average weekly cost was \$7.42 (reduced to U. S. currency). These institutions correspond with a class of asylums in the United States like Bloomingdale, the Retreat at Hartford, Conn., the McLean Asylum at Charlestown, S. C.

Some of them have large endowments, as in the case of Bethlem Hospital, in which case more or less of the patients are supported gratuitously.

In the English county asylums which, in their mode of support and in their general scope, correspond with our State asylums, the average weekly cost of maintenance, including clothing, is less than three dollars; in similar asylums in Scotland and Ireland, considerably less.

In comparing the cost of maintenance in the British institutions, with those of the same grade in the United States, several facts are to be borne in mind.

The salaries of officers are about the same in either case. The wages of attendants and servants are nearly seventy per cent. higher in the United States than in England. The staple articles of provisions cost much less in America. Looking at the bills of British asylums, I see that beef costs 24 cents per pound, mutton 20 cents, pork 17 cents. Of course, flour and grain are higher. Fuel is about the same.

One source of expense in American asylums, is the supposed necessity for the free use of stimulants and the extra diet required. In an institution, containing 600 patients, where pains had been taken to record the number of extra meals it is stated that over 17,000 were furnished in a single year. The question of employment of the insane has some relation even to this source of expense, if we may accept the opinion of Dr. Rutherford, of the Argyll and Bute asylum.

He thus remarks: "Insanity is, essentially, a disease of diminished vitality, and, when present, the system demands a stimulus; experience proves that there is no stimulant equal to active out-door employment and abundance of fresh air. The more this system is carried out, the plainer need be the food, and the fewer the extras required to maintain the standard of health, because the patients are brought more into the



condition, and demand rather the fare of ordinary persons, than of lunatics kept under the irritating and depressing influences of forced confinement.

Taking fifteen of the English and Scotch asylums whose reports are before me, the ratio of attendants to patients is one attendant to eleven patients. The policy which governs generally, in the construction of asylums and in the scale of care and maintenance, is well expressed in the following extract from the last report of Dr. Lalor, Medical Superintendent of the Richmond County Lunatic Asylum, Dublin :

“As a large sanitary question, the best mode of providing for the insane *in their own interest*, can, in my mind, receive a satisfactory practical solution only by dealing with it from the point of view, of obtaining the best average result on the whole, all things being fairly considered. From this point of view, the advocacy of any expensive system for the care of the insane is, I think, not judicious. For the present, at least, the desires of the most humane philanthropic and benevolent, as regards the insane, are most likely to be realized by some system which would bring all the insane of the empire under enlightened and kindly supervision, on some system capable of realization at a moderate cost. Much has been done in latter years in the three portions of the empire, in the way of providing increased asylum accommodation, and if the character of that accommodation has not been all that the advocates for individual treatment and for the highest order of internal comfort would desire; yet it should not be forgotten, that a greater number of persons have gained the advantage of a great improvement in their condition than could or would have been the case by more expensive arrangements, which, at the best, would have given higher results only to a smaller number of cases.”

The proportion of insane in county poor-houses is somewhat less in Great Britain than in the United States. If the great preponderance of pauperism in the former country were taken into account, it might be said the proportion of the insane in county poor-houses is very much less.

Take, for example, Scotland, which, in point of population, is not unlike the State of New York, leaving out the cities of New York and Brooklyn. The percentage of insane in parochial asylums and in the lunatic wards of poor-houses in Scotland is 15 per cent. In the State of New York, 20 per cent.

In a late census of Scotland it is stated that very nearly one-third of the population live in houses of one room; much more than two-thirds live in houses of one or two rooms, while 82 per cent live in houses of three rooms and under.

These facts have been cited as, in some degree, a measure of the

inability of the people of Scotland to maintain insane relatives in asylums, and will serve to show their great inferiority, in that respect, to the general population of the United States. Nevertheless, it should be borne in mind that of the number of insane to be found in Scotch poor-houses and parochial asylums, very few are of a character to require positive medical or other treatment. Such cases are almost all cared for in some form of asylum specially designed for them and under competent medical supervision. And the reason why the civil authorities are enabled to make this general and adequate provision for the care of the insane at the public expense, may be gathered from the paragraph above quoted from the report of Dr. Lalor.

The provision made to meet their wants is so judiciously planned, and so economically administered, that the burden it involves is not too heavy for the shoulders of the tax payers. Palaces are not provided for a favored few of the indigent and pauper insane, and a large remainder consigned to neglect and suffering in inadequate quarters, but a comprehensive and well-adjusted system of relief is extended to all. The term palaces may, perhaps, be thought an extravagant one to apply to such institutions, till the facts are examined. But a three-storied structure, that is a quarter of a mile long and with a Mansard roof, certainly has a palatial appearance. Then look at the cost of some of these asylums. Two insane hospitals in Massachusetts are now in course of construction, the cost of which, as estimated by the Massachusetts Board of State Charities, is at the rate of \$2,500 or \$3,000 for each patient. One lately completed near Baltimore is on the same scale of expenditure.

Three are now going up in this State at a cost of \$4,000 a patient. The estimate of their cost by the State officers is still higher.

In New Jersey, a new asylum to accommodate 800 or 900 patients is nearly completed at an estimated cost of \$3,000,000; or more than \$3,000 a patient. The per capita cost in this last case would have been still more, had it not have been for an after-thought, that led to fitting up the attic story as wards for patients. Which after-thought, it may be mentioned in passing, involves the necessity of a tiresome journey up and down four flights of stairs at every time the patients in these upper wards take exercise in the open air.

Let it be remembered, in this connection, that the large majority of the patients, who are to occupy these buildings, are, physically, ailing rather than sick; that infection is not to be guarded against as in an ordinary hospital; that they need only proper custodial accommodations, which means a little more provision in the way of cubic space, heating and ventilating apparatus and special appliances, than is necessary for the health of the non-insane, and that their surroundings



should not be too much at variance with those to which they have been accustomed.

It is not intimated in any quarter that the large cost of any of the asylums, that have been referred to, is the result of any dishonest misappropriation of funds supplied for their erection, but a want of judgment in the plans adopted, local pride, professional ambition and facility of securing State appropriations will explain it all.

Extravagant outlay in construction too often involves a corresponding increase in the current expenses of the establishment.

At the three State Lunatic Hospitals of New York, now containing 911 patients, the average weekly cost of maintenance is more than six dollars.

If such weekly cost were reduced to four dollars — and the weekly cost of maintenance at the three Massachusetts institutions of a similar grade is less than four dollars; and, at the Willard Asylum for Chronic Insane, in this State, but a little more than three dollars — 450 more insane persons could receive adequate care and treatment without additional expense to the tax payer.

Had we a Board of Lunacy, as in England, would not the public mind be awakened to this fact? And would not the effort be made to reduce the scale of expenditure in our hospitals to that of corresponding institutions in other States?

#### CONDITION OF THE INSANE POOR IN BRITISH POOR-HOUSES.

I cannot speak advisedly of the condition of the insane in the poor-houses of England or Ireland. In Scotland, in part owing to the general employment of the patients, their treatment, accommodations and fare are manifestly quite creditable to the parochial authorities. Of the 20 institutions of this kind all were spoken favorably of in the last report of the Scotch Commissioners of Lunacy. A few extracts from their sixteenth report will show the character of the parochial provision:

##### *Abbey Parochial Asylum — Ninety-one Patients.*

“The airing-court for females has, to some extent, been laid out in flower-beds, with a very satisfactory result, but there is still room for improvement in this direction. The new glass-house is now in working order, and it is hoped that the wards will in future be plentifully supplied with plants in flower.

“Bowling continues to be a favorite amusement, and matches between the asylum club and the clubs of the district are often played, the patients being not unfrequently the winners. Readings, lectures, concerts, balls, etc., have gone on as usual.

“All this is undoubtedly beneficial to the patients and makes them more easily, and, therefore, more cheaply managed. Nine of the patients attend church in town, nine are on a parole in the grounds, and eight beyond the grounds.

“The house was, as usual, scrupulously clean and in excellent order, and everywhere presented a comfortable and home-like aspect.”

At the lunatic wards of the Buchan Poor-house, 23 patients. It is noted that “the wards were in excellent order, and the patients were neatly and comfortably clothed. More than one-half of them are industrially employed. Twice or thrice a week they take exercise beyond the grounds. At the time of the Commissioners’ visit half a dozen of the female patients were playing a game of croquet. No patient sleeps on a straw bed.

*Lunatic Wards of Cunningham Poor-house — Sixty-four Patients.*

“The wards were clean and well ventilated, and their general aspect was cheerful and pleasing. The bedding and day clothing were in good condition, and the dietary appears to be sufficient. Some wants, however, still remain to be met. Among these are house shoes for the men, a perambulator for weakly patients, and a small green-house to afford the means of floral decoration throughout the year. Considerable attention continues to be given to industrial occupation, especially in the female department (34 female patients), where, in addition to the work of the house, about 100 dozen of shirts have been made for Glasgow ware houses.”

*Lunatic Wards, Dumbarton Poor-house — Forty-two Inmates.*

“Ten of the beds on each side of the house are now provided with hair mattresses and pillows, and it is expected that the remainder will be similarly furnished before the end of the year. The beds, dormitories and day-rooms were clean, cheerful and well kept. The whole of the patients dine in association, and 14 of each sex are industrially and profitably employed. With the profits of their work, a sewing machine and a mowing machine have lately been purchased.”

*Lunatic Wards, Dundee Poor-house — Ninety-six Patients.*

“In many respects, the institution is highly creditable to all who are directly or indirectly concerned in its management. Yet it continues to be distinguished by the fact, that its inmates sleep on straw beds, while the inmates of all similar establishments sleep on hair mattresses. Attention is again drawn to this matter, because the great value of sound and refreshing sleep as a part of the treatment of the insane.



The beds in these wards are probably better than those, to which many of the inmates were accustomed, and that betterness is an advantage as a means of treatment. A further betterness would be a further advantage, which would be apparent in improved health, greater contentment, increased willingness to work and less resistance to control."

*Lunatic Wards, Hamilton Poor-house — Thirty-five Inmates.*

"About two-thirds of the female patients now sleep on hair mattresses and it is intended to furnish every bed in the same manner.

"The erection of a small green-house would be a great advantage, from which the wards might be supplied with plants in flower, *such erections are now nearly always attached to similar institutions and are found to be very useful.*"

*Lunatic Wards, Buchan Poor-house — Twenty-four Patients.*

"It is recorded with satisfaction, that the patients have, from time to time, a dance; it is hoped that this enjoyment will be given them with increasing frequency, and that, during the summer, it will be found possible to let them have an excursion or picnic; it should constantly be kept in view that the inmates of these wards are persons deprived of freedom against their will, and that, their insanity being incurable, they are likely to pass the rest of their existence in them. It is only an act of ordinary humanity, therefore, to afford them as many indulgences and enjoyments as possible."

The entire cost of maintenance in parochial asylums is less than \$3 a week; in lunatic wards of poor-houses, less than \$2.25 per week.

These extracts might be largely extended, but enough have been given to show that the condition of even the insane paupers, in the parochial asylums and poor-houses of Scotland, is one of relative comfort; and that the cost of their maintenance is quite reasonable; they give evidence also of the aims and the efficiency of the labors of the Scotch Board of Lunacy. Do they not also justify what was said in the body of this report; namely, "that the management of the lunatic wards of poor-houses, in Scotland, was, perhaps, the most instructive lesson for American consideration?"

## DUTIES OF COMMISSIONERS OF LUNACY IN GREAT BRITAIN.

To show the scope of the functions of the Boards of Lunacy, I quote from a summary of the duties of the English Board, as given in a "Lunacy Chart," published by Dr. Lyttleton S. Forbes Winslow, adding that the Scotch and Irish Boards are of the same character.

*“Duties —* To grant licenses, visit and regulate asylums, report to the Lord Chancellor as to the condition of the same, and conduct and manage every thing connected with certified lunatics in England and Wales.”

*Licensed Houses —* Every person receiving more than one patient into his house for profit, must obtain a license.

“The Lord Chancellor is empowered, at the request of the Commissioners of Lunacy, to recall or refuse to renew any license.”

“The medical superintendent must be approved of by the Commissioners of Lunacy.”

Stringent rules are laid down in the English law as to the admission of patients into institutions or licensed houses.

A statement of the mental and bodily condition of patients admitted must be sent to the Commissioners within a week of such admission. So, too, notice of discharge of patients must be sent to the same Board.

Notice of death of a patient must be sent to the Commissioners, to a Coroner of District, to the Registrar of deaths, and to the person who signed the order for admission of patient.

The Commissioners must be notified of the escape or recapture of a patient, with the attendant circumstances.

All licensed houses in the immediate neighborhood of London are visited by the Commissioners six times in a year. Four of these visits are made conjointly by a medical and a legal commissioner, and two single visits are made by a legal commissioner.

A very complete set of books are required to be kept at each institution, embodying all facts relating to the admission of patients, their physical and mental condition, their employment and their discharge; also, the record of every occasion for seclusion or the use of restraining apparatus, and all casualties. These registers and journals are thoroughly inspected by the Commissioners at each visit.

On such occasions of visitation every patient who so desires, has an opportunity of a private interview with the Commissioners, to make complaints of neglect or ill-treatment.

*Correspondence of Patients —* All letters addressed to the Commissioners of Lunacy are forwarded by the medical superintendent *unopened*. Letters written by the patients to their friends are forwarded, unless the medical superintendent disapproves. All letters *not sent* must be indorsed thus — “*Not to be sent;*” and initialed by the medical superintendent and placed before the Commissioners in Lunacy at the time of their next visit.

The system of governmental supervision and control of the insane thus outlined, has now been in operation nearly thirty years.

Supplementing, as it does, all local and subordinate boards and



agencies in the care and treatment of the insane, it has met a great public want.

The local boards referred to are ordinarily made up of gentlemen of intelligence, good judgment and social position, and yet they are so identified with the policy and management of the particular establishments with which they are connected, and at the same time so unfamiliar, perhaps, with the plans and conduct of kindred institutions that they become unconsciously its champions under any circumstances, and are not always alive to any defects in management or active in attempts to remedy them. Not uncommonly they merely reflect the opinions of the medical superintendent, whom they are supposed to control. They, in turn, therefore need supervision.

Under the wise administration of these Boards of Lunacy, the management of British asylums has been growing constantly better in every way. There has been developed an enlightened public sentiment, that has enlarged the extent and raised the standard of the public provision for the needs of the insane generally; besides inculcating more correct notions of the nature and treatment of the malady itself. Not only does such governmental supervision extend its protecting care over the insane, but it has proved an efficient shield to all connected with asylums against unjust prejudices or popular clamor.

At the outset it met with some opposition and some criticism at the hands of the medical superintendents of asylums, from an idea that its function was superfluous, and from an apprehension that its administration might be injudicious, captious or meddlesome.

This feeling has given place to a very different one. It is safe to say that now the necessity and value of such governmental supervision is almost universally conceded by those connected with institutions or licensed houses for the insane.

In the last number of the English Journal of Medical Science, the organ of the British Medico-Psychological Association, and edited by two of the ablest of their number, I find the following incidental tribute to the good results accomplished by these Boards of Lunacy, it is found in a review of the reports of the Commissioners of Lunacy for 1875:

“The Commissioners hammer away at the question of the night watching of the epileptics and suicidal. They have, it is clear, studied the parable of the unjust judge to some advantage. Their importunity toward the Superintendent of Asylums in regard to all the arrangements that they wish carried out, has been a great fact in the history of the Commission, and its success has always been, in the long run, complete along the whole line.”

Again, speaking of the Scotch report—“We may say that we think it a document of great interest, showing great care in its compilation,

infinite pains in the manipulation of the statistics, with the view of eliciting some new fact, social or medical, and that it is highly creditable to the medical commissioners."

"They have done and are doing a good work. Certain things are necessary to the full measure of success of any such body; and we do not observe from their report, that they are in any way more deficient in those than their brethren in London. All will admit that the chief of those things are a practical acquaintance with insanity; an active sympathy with the mentally afflicted; a sympathy with the men who manage and treat the insane; with their work and their difficulties; an earnest effort to do their duty; and, above all, an inflexible sense of justice. Asylum superintendents, who think themselves ill-treated, have many ways of righting themselves; the insane, who may be wronged by the bad management of an institution, have very few."

It would seem as if a general system of supervision that works so admirably in Great Britain, might well be copied in the United States.

This would, doubtless, have been the case generally, but for the opposition that has come from the officers of American asylums for the insane. The spirit and grounds of their antagonism may be seen in the following resolutions passed at the last annual meeting of the American Association of Superintendents of Insane Asylums.

These two are selected from a dozen others to the same purport and will illustrate, perhaps, the feelings of the British superintendents of asylums, at a period, say twenty years ago, and which they have since outgrown:

"*Resolved*, That the government of our hospitals, as at present constituted, whereby a physician supposed to be eminently qualified by his professional training and his traits of character, both moral and intellectual, is invested with the immediate control of the whole establishment, while a Board of Directors, Trustees or Managers, as they are differently called in different places—men of acknowledged integrity and intelligence has the general supervision of its affairs, has been found by ample experience to furnish the best security against abuses, and the strongest incentives to constant effort and improvement."

"*Resolved*, That any supernumerary functionaries endowed with the privilege of scrutinizing the management of the hospital, even sitting in judgment on the conduct of attendants and the complaints of patients, and controlling the management, directly by the exercise of superior power, or indirectly by stringent advice, can scarcely accomplish an amount of good sufficient to compensate for the harm that is sure to follow."













